| UNITED STATES HOUSE OF REPRESENTATIVES FORM B FINANCIAL DISCLOSURE STATEMENT For New Members, Candidates, and New Employees | APR 23 2018 Page 1 of 1 |
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| Name: Michelle Denise Lee Daytime Telephone: | 18 MAY -7 PM 1: 19 |
| New Member of or Candidate for State: MINPESOTO U.S. House of Representatives District: MN - 8 Candidates Date of Election: PRIMARY Aug. 14, 2018 Check if Amendment | U.S. HOUSE OF REPRESENTATIVES (Office Use Only) |
| STATUS New Officer or Employee Staff Filer Type (If Applicable): Employing Office: Shared Principal Assistant to In | A \$200 penalty shall be assessed against any individual who files more than 30 days late. |
| PRELIMINARY INFORMATION – ANSWER <u>EACH</u> OF THESE QUESTIONS | |
| A. Did you, your spouse, or your dependent child: a. Own any reportable asset that was worth more than \$1,000 at the end of the reporting period? or b. Receive more than \$200 in uneamed income from any reportable asset during the reporting period? **E. Did you hold any reportable positions during the reporting period or in the current calendar year up through the date of filing? | the reporting In the date of filing? Yes No |
| C. Did you or your spouse have "earned" income (e.g., salaries, honoraria, or pension/IRA distributions) of \$200 or more during the reporting period? F. Did you have any reportable agreement or arrangement with an outside entity during the reporting period or in the current calendar year up through the date of filing? | rrangement with an Yes No No |
| D. Did you, your spouse, or your dependent child have any reportable liability (more than \$10,000) at any point during the reporting period? Yes J. Did you receive compensation of more than \$5,000 from a single source in the current year and two prior years? | \$5,000 from a Yes No No |
| ATTACH THE CORRESPONDING SCHEDULE IF YOU ANSWER "YES" THIS FORM INCLUDES ONLY THE SCHEDULES THAT YOU ARE REQUIRED TO COMPLETE | COMPLETE |
| EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION - ANSWER BOTH OF THESE QUESTIONS | QUESTIONS |
| TRUSTS - Details regarding "Qualified Blind Trusts" approved by the Committee on Ethics and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust that benefits you, your spouse, or dependent child? | ave you excluded Yes No No |
| EXEMPTION – Have you excluded from this report any other assets, "unearned" income, or liabilities of a spouse or dependent child because they meet all three tests for exemption? Do not answer "yes" unless you have first consulted with the Committee on Ethics. | all three tests for Yes No No |

SCHEDULE A - ASSETS & "UNEARNED INCOME"

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| | | Hmeriorise 18H | ABC Hedge Fund | Examples: Simon & Schuster | | | If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC), or jointly held with anyone (JT) in the optional column on the far left. For a detailed discussion of Schedule A requirements, please refer to the instruction booklet. | If you have a privately-traded fund that is an Excepted Investment Fund, please check the "EIF" box. | Exclude: Your personal residence, including second homes and vacation homes (unless there was rental income during the reporting period); and any financial interest in, or income derived from, a federal retirement program, including the Thrift Savings Plan. | For an ownership interest in a privately-held business that is not publicly traded, state the name of the business, the nature of its activities, and its geographic location in Block A. | For rental and other real property held for investment, provide a complete address or description, e.g. rental property," and a city and state. | For bank and other cash accounts, total the amount in all interest-bearing accounts. If the total is over \$5,000, list every financial institution where there is more than \$1,000 in interest-bearing accounts. | For all IRAs and other retrement plans (such as 401(k) plans) provide the value for each asset held in the account that exceeds the reporting thresholds. | Provide complete names of stocks and mutual funds (do not use only ticker symbols). | identify (a) each asset held for investment or production of income and with a fair market value exceeding \$1,000 at the end of the reporting period, and (b) any other reportable asset or source of income which generated more than \$200 in "unearned income during the year. | s and/or incom | BLOCK A | |
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SCHEDULE A - ASSETS & "UNEARNED INCOME"

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SCHEDULE A - ASSETS & "UNEARNED INCOME"

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| | | 1 | 4 | | | | - | | - | - | | | | | × | | NONE | |
| | _ | t | | | \vdash | T | \vdash | t | \vdash | _ | | | | \vdash | | | DIMIDENDS | |
| _ | | | | 1 | | | <u> </u> | 1 | | | | | | Г | | | RENT | |
| | | | | | | T | | T | | | | | T | r | | | INTEREST | ¥ |
| | | | | † | 1 | T | | - | | | | | T | | | | CAPITAL GAINS | Type of Income |
| | _ | | | † | 1 | | T | | | | | | <u> </u> | Т | | | EXCEPTEMBLIND TRUST | pe of Incom |
| | ┞ | | Γ | 1 | | | 1 | 1 | | | | | | | | | TAX-DEFERRED | ä |
| | | | | | | | <u> </u> | | | | | | | | | | Other Type of Income (Specify: e.g., Partnership Income or Farm Income) | • |
| | | | - | | F | F | - | F | | | | | | | < | | None | |
| | \vdash | | | Γ | 1 | 1 | T | | | | | | Π | | | | \$1-\$200 = | |
| | | Γ | | | 1 | | | | | | | | | | | | \$201-\$1,000 = | |
| | | | | | | | Ι | | | | | | | | | | \$1,001-\$2,500 < | > |
| | | | | | | | | | | | | | | | | | \$2,501-\$5,000 < | Amount of Income |
| | | | | | | | | | | | | | | | | | \$5,001-\$15,000 ≤ | nt c |
| | | | | | | | | | | | | | | | | | \$15,001-\$50,000 <u>≤</u> | unt of Inc |
| | | | | | | | | | | | | | | | | | \$50,001-\$100,000 <u>≦</u> | E003 |
| | | | | | | | | | | | L | | | | | <u>L</u> | \$100,001-\$1,000,000 😾 | • |
| | Ĺ | | | | | | | | | | | | | | | | \$1,000,001-\$5,000,000 × | |
| | _ | _ | | _ | | | \perp | | | | _ | \perp | | | _ | | Over \$5,000,000 ≥ | |
| | | | L | <u> </u> | | L | | | | | | | | | | <u> </u> | Spouse/DC Asset with Income over \$1,000,000° | |
| | | | | | | | | | | | | | | | | | P, S, S(part), or E | Transaction |

Name: Michelle Denise Lee

SCHEDULE A - ASSETS & "UNEARNED INCOME"

Page 5 of 5

SCHEDULE C - EARNED INCOME

Name: Michelle Denise Lee Page 6 of 6

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. government) totaling \$200 or more during the reporting period. For both the filer and filer's spouse, list the source and amount of any honoraria. List only the source for other spouse earned income exceeding \$1,000. See examples below.

INCOME LIMITS and PROHIBITED INCOME: Be advised that the income limit and prohibited income may apply to you after you are on House payroll. The 2016 limit on outside earned income for Members and employees compensated at or above the "senior staff" rate was \$27,495. The 2017 limit is \$27,765. In addition, certain types of income (notably honoraria, director's fees, and payments for **EXCLUDE**: Military pay (such as National Guard or Reserve pay), federal retirement programs, and benefits received under the Social Security Act.

professional services involving a fiduciary relationship) are totally prohibited for Members and senior staff.

| Source (include date of receipt for honoraria) | Type | • | Amount |
|---|------------|------------------------|------------------------|
| ocurce (include date of fecelpt for Horiotaria) | lype | Current Year to Filing | Preceding Year のクリー |
| ABC Trade Association, Baltimore, MD (July 15) | Honorarium | \$0 | \$26.000 |
| EXAMPLES: Civil War Roundtable (Oct. 2) Ontario County Board of Education | | SO SO | \$1,000 N/A |
| KBTR TELEVISION INC (CANDIDATE) | Sp | 0- | 98.7641 |
| MN Dept of Employment (purposes Canonate) | 2 | -0- | 17,758,00 |
| | | b | |
| IRA Dispusment | | 20,000.00 | 10,000.00 |
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SCHEDULE D - LIABILITIES

| Name: Michelle |
|----------------|
| D, L |
| 66 |
| Page 1 |
| of 7 |

Report liabilities of over \$10,000 owed to any one creditor at any time during the reporting period by you, your spouse, or your dependent child. Mark the highest amount owed during the reporting period. New Members: Members are required to report all liabilities secured by real property including mortgages on their personal residence. Exclude: Any mortgage on your personal residence (unless you rent it out or are a Member); loans secured by automobiles, household furniture, or appliances; liabilities of a business in which you own an interest (unless you are personally liable); and liabilities owed to you by a spouse or the child, parent, or sibling of you or your spouse. Report a revolving charge account (i.e., credit card) only if the balance at the close of the reporting period exceeded \$10,000. *Column K is for liabilities held solely by your spouse or dependent child.

| | | | SP. DC. JT | * | ! |
|---|------|--|--|----------|---------------------|
| | > | Example | | | |
| | NONE | First Bank of Wilmington, DE | Creditor | | |
| | | 5/98 | Date Liability Incurred MO/YR | | |
| | | Mortgage on Rental Property, Dover, DE | Type of Liability | | |
| | | | \$10,001- \$15,000 | > | |
| | | | \$15,001- \$50,000 | œ | |
| , | | | \$50,001- \$100,000 | 6 | |
| | | × | \$100,001- \$250,000 | 0 | > |
| | | | \$250,001- \$500,000 | m | moun |
| | | | \$500,001- \$1,000,000 | 78 | t of Li |
| | | | \$1,000,001- \$5,000,000 | ø | Amount of Liability |
| | | | \$5,000,001- \$25,000,000 | I | |
| | | | \$25,000,001- \$50,000,000 | - | |
| | | | Over \$50,000,000 | - | |
| | | | Over \$1,000,000* (Spouse/DC Liability) | * | |

SCHEDULE E - POSITIONS

Report all positions, compensated or uncompensated, as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, nonprofit organization, labor organization, or educational or other institution other than the United States. Exclude: Positions held in any religious, social, fraternal, or period and the current calendar year. First-year candidates and new employees report positions held in the current calendar year and two previous years. political entities (such as political parties and campaign organizations); and positions solely of an honorary nature. New Members and second-year candidates report positions held in the reporting

| | | NONE | Position |
|--|--|------|----------------------|
| | | | Name of Organization |

SCI

| SCHEDU | SCHEDULE F - AGREEMENTS | Name: Michelle Denise Lee Page 8 of 8 |
|---|--|---|
| Identify the da continuation cemployer. | Identify the date, parties to, and general terms of any agreement or arrangement that you have with respect to: future employment continuation or deferral of payments by a former or current employer other than the U.S. government; or continuing participation employer. | have with respect to: future employment; a leave of absence during the period of government service; overnment; or continuing participation in an employee welfare or benefit plan maintained by a former |
| Date | Parties to Agreement | Terms of Agreement |
| | ZNON | |
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SCHEDULE J - COMPENSATION IN EXCESS OF \$5,000 PAID BY ONE SOURCE

Report sources of compensation received by you or your business affiliation for services provided directly by you during the current year and two prior years. This includes the names of clients and customers of any corporation, firm, partnership, or other business enterprise if you directly provided the services generating a fee or payment of more than \$5,000. Exclude: Payments by the U.S. government and any information considered confidential as a result of a privileged relationship recognized by law. Do not repeat information listed on Schedule C.

| Ī | | |
|----------|--|-----------------------------|
| | Source (Name and City/State) | Brief Description of Duties |
| Ехатрів: | Doe Jones & Smith, Hometown, Homestate | Accounting Services |
| | NONE | |
| | | |
| | | |
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FILER NOTES (Optional) Name: _ of

| | | | | | | | NOTE NUMBER |
|--|--|--|--|--|--|---|----------------|
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| | | | | | | | NOTES |
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Use additional sheets if more space is required.